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CLINICAL LECTURE.

UTERINE HEMORRHAGE.—CORRECT TREATMENT OF FIBROIDS.—ENLARGEMENT OF THE ABDOMEN.[1]

BY E. E. MONTGOMERY, M. D.,

PROFESSOR OF GYNECOLOGY, MEDICO-CHIRURGICAL COLLEGE.

Uterine Hemorrhage.

Gentlemen: This colored woman, forty-four years old, presents the following history. Her mother died of dropsy, lasting a year before her death. The mother had several children, two of them girls, one of whom had a uterine fibroid removed some time ago, the other, the patient under consideration, has always been healthy. She had two brothers who died of phthisis. Our patient menstruated for the first time at the age of fifteen; the flow was always profuse but painless. She was married at twenty-two, and had a child a year later. The labor was long, lasting thirty-six hours, requiring for its termination the use of forceps. It was two years before she menstruated again. Four years later she had a second labor, again requiring the use of the forceps. She has never had an abortion. Three months ago, at her monthly period, she experienced intense shooting pains, accompanied with marked bearing-down sensations. This lasted several days, and was followed by a leucorrhœal discharge, which persisted until the menses made their reappearance, when she suffered from the same pains. Last month severe flooding from the vagina accompanied these sensations. She has been constipated for a month. She is not emaciated, although her appetite is poor, and her flesh is not especially abundant. Her heart and lungs are normal.

[1] Delivered at the Philadelphia Hospital.

There are certain conditions which will produce the symptoms from which this woman is suffering, but it is best not to arrive at a hasty conclusion.

Although everything at present points to pelvic trouble, do not at once exclude careful study of every organ, however remote. Is the trouble due to local or to constitutional causes? If you should happen to find some local cause which, in your mind, is sufficient to produce the condition present, do not let that fact deter you from studying all other possible sources.

Before commencing treatment, investigate all the sources of hemorrhage from the uterus, or, more broadly, from the vaginal tract. Disease of the uterine mucous membrane is frequently an important factor in these hemorrhages. Long-continued inflammation of this membrane sets up a granular endometritis, even producing polyps, which, in turn, may produce hemorrhage. The flow may be at the monthly periods, being called menorrhagia; or independent of these times, forming metrorrhagia—or simply hemorrhage from the uterus. Again, the walls of the uterus may produce a condition which gives rise to hemorrhage. Growths, which may be fibroid, appear, distend the mucous membrane, and, being supplied with numerous blood-vessels, rupture easily, producing the above phenomena. Malignant disease, involving the cervix or body of the uterus, is frequently a cause of hemorrhage. Degenerative changes following labor or abortion may cause hemorrhage. Imperfect removal of the placenta favors the growth of polypi, which in their turn favor the production of hemorrhage. Disease in the kidneys, liver or heart, the exanthemata, and typhoid or malarial poisoning, have produced occasionally, in their course, bleeding from the uterus. When there is an absence of heart, kidney, or liver trouble, when there is no poison in the blood, no fibroid, no malignant disease, not even inflamma-

tion of the mucous membrane lining the uterus—still there may be disease in the pelvis which is producing the flow of blood. Cellular infiltration of the pelvis, exudations into the tissue of the adjacent parts from extension through the Fallopian tubes, may cause the trouble. The circulation in the uterus is interfered with, and a hemorrhage, passive in character, makes its appearance. Disease of the ovary, especially cystic degeneration, is particularly prone to produce this symptom. In the absence of other apparent causes, it is well to remember this point. The influence of the ovaries upon the circulation of the blood in the uterus is most marked. When this cause is operating, local applications to the uterus will be made in vain. Bleeding from the vagina itself may be the real cause of the trouble, being mistaken for that from sources higher up. A vaginitis may produce this symptom; especially granular papillæ, which are common at the vestibule, may tinge the discharge blood-color.

Women rapidly lose confidence in the doctor who is unable to stop any such hemorrhage. So it is well to study all these cases with the utmost care. With this outline let us take up our present patient. This woman has severe tearing pains, bearing down in character. It is possible that this is due to pregnancy. The presence of menstruation does not preclude this possibility. I saw a case, within a few weeks, which illustrates this. I examined in consultation with another physician, a year ago, a woman who had enlargement of the uterus. This enlargement was fibroid in character, and I decided that it was areolar hyperplasia. With this condition, the woman had increased menstruation. I saw her again a month ago. The uterus was then enlarged, not symmetrically, and it was hard and firm at one point, localization of the fibroid growth having taken place. The hemorrhage had increased in quantity. There was no arrest of menstruation, on the contrary the flow was in excess. Two weeks ago, her physician writes me, she discharged a small fetus. The retained placenta formed the so-called fibrous polypus, to which there was enough blood supplied to prevent decomposition with its unpleasant results. There was no fibroid present; there was distinct thickening of the uterine walls, but no tumor.

Again, in some women, menstruation is increased for the first few months of pregnancy. In this woman, it may be due to a fibroid. If the pedicle is long, it may drop down into the internal os, becoming a valve, causing severe labor-like pains to produce the expulsion of the blood.

Fibroids of the Uterus.

With this introduction, let us return to our patient. She is, as I have said, forty-four years old, colored. There is a marked tendency in the colored race to fibroid enlargements, and less tendency to carcinoma or epithelioma. With the woman on her back, her limbs drawn up to relax her abdominal muscles, I introduce two fingers into the vagina. The cervix is large, hard and fixed, and projects into the anterior portion of the vagina. The uterus is immovable. In the posterior fornix there is a firm, irregular, dense mass which extends into the pelvis. This seems like a fibroid growth; still, we must not decide too quickly. With two fingers in the vagina and the other hand over the abdomen, it is possible with lax abdominal walls to outline the mass thoroughly. Here we find the abdomen hard and tense. In such cases, insist on the use of an anæsthetic. Do not commit yourself without careful search. Bromide of ethyl acts quickly, requires a small amount and is less likely to cause sickness than ether, and its effects pass off speedily, making it the best anæsthetic for office use.

Fibroids in the uterus begin as the result of irritation; there is a simple increase in the nutritive activity in the muscular layer of the uterus. The constituent elements of the normal tissue increase in size, pushing aside as they grow the adjacent tissue. Beginning in the uterine wall, as either a single or a multiple growth, as it develops it remains within the walls or intrudes into the cavity of the uterus, or extrudes towards the peritoneum; its direction varying according to its original position, as it grows in the direction of least resistance. These three varieties are called respectively, sub-mucous or polypoid; interstitial or in the wall; and sub-peritoneal or beneath the peritoneum. The fundus is well forward, the body of the uterus is small, and the mass is posterior, growing either from the back wall of the uterus or as the result of inflammatory exudation at this point. The uterus is more fixed on the right side. This is undoubtedly a fibroid enlargement, extending into the broad ligament. We should pass one finger into the cavity of the uterus to further

determine the diagnosis. This I will not take time to do now.

What treatment shall we pursue? This depends somewhat on the variety of the fibroid. First, the medical treatment would consist, naturally, in decreasing the flow of blood to the uterus. For this purpose strychnia, quinine, ergot, antipyrin, etc., may be tried. Ergot, by its action on the muscular coats of the blood-vessels and its contractile action on the entire uterus, may be of service. But it may drive a fibroid beneath the peritoneum, making it sub-peritoneal. On the other hand, it may force it into the cavity of the uterus and in this way expel it. Again, the circulation may be so cut off by the medication that the tumor may be in danger of sloughing, setting up septic trouble. Treating the mucous membrane locally may be of service. Changing the surface of the uterus cavity, by curetting or cutting partially through the vessels of the region, may cause these to contract, arresting the tendency to bleed. Dilatation or cutting of the cervix may be followed by extrusion of the tumor. Electricity has been a much vaunted agent in these cases; the positive pole being placed in the uterine cavity, the negative on the abdomen. With high currents cicatricial tissue is produced, which in its turn contracts. Cases have undoubtedly been benefited by this treatment, but the results are slight and transient, and the tumor steadily increases unless electricity is constantly applied.

Beside these measures, a radical course can be pursued. If the tumor is in the cavity of the uterus, twisting or cutting it with scissors or the wire *écraseur* will be of service. If the tumor is in the wall of the uterus, and the cervix is undilated, this is not easily accomplished. If the hemorrhages are severe, so that life or health are threatened, the removal of the ovaries may be considered. Menstruation does not always stop with the removal of the ovaries. In the case of this woman's sister, whose ovaries were removed, discharges have not ceased at all. I believe that this result is largely avoided by including the round ligament in the ligation of the pedicle. This increases the pressure on the ovarian nerve, which governs the blood supply of the uterus, and thus tends to reduce hemorrhage. These fibroids cease to grow at the menopause; they even decrease from this time on; but the menopause is generally delayed by their presence. A woman may die from hemorrhage before this period is reached. This woman is forty-four, she is near the normal time for the disappearance of her catamenia; but this disappearance cannot be regarded as a certainty for some years.

Enlargement of the Abdomen.

The next woman presents an obstinate case of vomiting and constipation, for the relief of which many remedies have been tried. The injection of oil high up into the alimentary canal has at last succeeded in bringing away a large amount of hardened feces. Her abdomen is distended, not quite symmetrically, more to the left than to the right. She may have a fibroid, an ovarian cyst, ascites, or be pregnant. In pregnancy there is usually an arrest of menstruation, and the subjective nervous symptoms so well known. The white lines on the abdomen here seen are not diagnostic of this condition. They are present in ascites, obesity, cystic tumor, or any condition by which the middle layer of the skin is stretched. The first step is to inspect the part. Is the swelling regular in shape? In pregnancy it is generally spheroidal with its main axis in the middle line, or rather, generally a little to the right side. In fibroid tumors the abdomen may be symmetrical or a little one-sided. Irregular projections are common. In cysts and ascites there is fluctuation as a rule. In a single cyst this fluctuation is marked; if the cyst be multilocular, it is less noticeable. On palpation a distinctive sensation is experienced. The fibroid presents a hard, dense, resisting mass, firm and irregular in outline. In the pregnant uterus of this size, although not by any means at term, irregular, rhythmical contractions may be felt, which do not easily mislead. Contractions in the abdominal walls do not imitate this rhythmical contraction. The fetal heart sounds can also be heard at this period in pregnancy. Both these signs are present in this woman. That the mass lies to the right side rather than to the left indicates that this is not this woman's first child. The uterus is large and there is a large amount of liquor amnii present, which allows the fetus to float.

—Sulphuric acid often contains traces of nitrous compounds which seriously interfere in the examination of waters. This fact is not as well known as it should be.

COMMUNICATIONS.

SALOL.

BY ALFRED EICHLER, M. D.,

SAN FRANCISCO, CAL.

Salol is one of the recent additions to our materia medica, but its merits are now almost universally admitted. It was discovered and first used by Swiss scientists, in 1886, and since then its use has spread all over the world. It is a white, crystalline powder, obtained by the action of carbolic acid on salicylic acid, therefore being, in chemical nomenclature, a salicylate of phenol. In composition, five grains of salol are equal to about two grains of carbolic acid and three grains of salicylic acid. Therapeutically, its effects are entirely different from those of either agent administered alone, depending on the fact that its constituents are united by chemical union, and represent, therefore, a different body. Salol possesses an odor similar to oil of wintergreen. It tastes like carbolic acid; it is soluble in water only in a very small measure, therefore watery solutions are impracticable. In alcohol, ether and oils, salol is very soluble. Further, it is interesting to know that this substance, although crystalline, cannot be reduced to a very fine powder, because the crystals have a tendency to adhere. The odor of salol may be noticed, after its administration, in the excretions as well as in the expired air. The dose differs, according to circumstances, from 15 to 120 grains a day. It should be remarked, however, that a case has been reported in which a half drachm of salol, administered to a previously healthy person, and distributed in five-grain doses over the day, has produced a severe rash over the whole body, which disappeared spontaneously in five or six days (*Medical Record*, March 3, 1888). A case of poisoning has also been reported, in which a young man had swallowed at once two drachms of salol. The resulting coma was followed by death. At the autopsy, degenerative changes were noted in the kidneys, as might be expected; the harm done was attributed to the carbolic acid contained in salol (*Medical Record*, October 11, 1890.)

As regards the method of administration of salol, it is best dispensed in pills, compressed tablets, capsules or emulsion. For external use lanoline, or a mixture of equal parts of lanoline and olive oil, offers a very good menstruum; if used externally in ointment form, it is usually prescribed in the strength of one part in ten of the ointment base.

Salol may be looked upon as a very efficient antiseptic, antipyretic and anti-rheumatic. When ingested, it is insoluble in the acid gastric juice, but it is dissolved in the alkaline intestinal secretion, being perhaps split up by the alkaline elements of the bile into its original constituents, which are then absorbed and taken into the circulation, the carbolic acid being rendered non-poisonous by the change into a phenate (carbolate) of soda. This assumption is corroborated by the fact that salol is readily decomposed by weak alkalies like bi-carbonate of soda—a point which should be remembered in prescribing. After absorption and diffusion through the system, the original constituents may be detected in the urine, the carbolic acid imparting the characteristic green color of phenoluria. As salol passes the stomach unchanged, experiments can be made with it in determining the activity of the stomach in propelling food. This test has been taken advantage of in dilatation of the stomach, and is available in all diseases where the motor power of the stomach is thought to be impaired. Of course, physiological tests of this kind depend so much on varying circumstances that definite conclusions can be arrived at only when a sufficient series of control experiments with healthy individuals is also carried out.

The antiseptic effects of salol are easily enough understood on considering that it is composed of two of the most powerful antiseptics now in our possession. As an antipyretic, it acts on account of being a derivative of salicylic acid, which itself has great heat-reducing virtues. Salol, however, is more easily tolerated by the stomach than salicylic acid, as it is insoluble and non-irritant; while the latter is a strong irritant of mucous membranes, and, therefore, cannot be tolerated by the stomach for any length of time in doses sufficiently large to produce good effects. That the salicylic acid is the antipyretic factor of salol is readily proved by the clinical fact that salol acts as an antipyretic only in large doses, twenty to thirty grains, containing from twelve to eighteen grains of salicylic acid. Small doses of salol reduce heat only in a very small

ure. The carbolic acid and salicylic acid, into which salol is separated in the intestine, are eliminated mostly through the kidneys, as carbolate of soda and unchanged salicylic acid. Thus the urine is made antiseptic—a fact which has been taken advantage of in genito-urinary surgery.

The therapeutic action of salol resembles, to some extent, that of salicylate of soda. In comparing the action of the two remedies, much similarity may be observed, with some points in favor of salol. They are both excellent anti-rheumatics, salol, however, acting best in subacute rheumatism, especially when a short course of salicylate of soda has preceded its use. It will lessen the fever quickly, cause the pain to disappear, and the swelling will be reduced. As already mentioned, it acts better in chronic cases than in acute. For this purpose, it should be given in doses of not less than fifteen grains every three hours, preferably in wafer or capsule. Salol is especially efficient in those forms of rheumatism called lumbago. Sciatica, that uncertain disease, a veritable touchstone for medical skill, composed so often of neuralgic, rheumatic and malarious elements, often yields to large doses of salol.

In diseases of the alimentary canal, salol is also very efficient. It acts in the stomach merely as a mechanical antiseptic, similar to subnitrate of bismuth. In the intestine it becomes a full and strong antiseptic. This has been made use of to treat various diseases of the intestine, like dysentery and diarrhœa. It is advisable here to combine salol with other suitable agents. For chronic diarrhœas, in which a cleansing of the intestinal tract may be desirable, it is good practice to order fifteen grains of salol in an ounce of castor oil, to be given at a dose; or, when pleasanter medication is desired, one may prescribe:

℞ Salol . . . . . ℈ii
Ol. ricini . . . . . f℥iss
Syr. rhei . . . . . f℥ss
Pulv. acaciæ . . . . . ʒss
Aquæ cinnamomii . . . . . q.s. ad f℥iv

M. Fiat emulsio. Sig. A tablespoonful every hour, until the bowels move very freely.

In typhoid fever salol has been used, but with no more success than other remedies. A disease running a regular course like typhoid fever will not mend its ways, or be shorted, under any one mode of treatment. Salol, however, has proved quite efficient to ameliorate the diarrhœa, and in conjunction with other therapeutic means, like cold ablutions and wet packs, with free stimulation and proper nourishment, it becomes a valuable adjunct in treatment.

Diarrhœa infantum offers a good field for the administration of salol. It is especially useful when the intestinal canal has been severely irritated by the products of faulty digestion. It may be ordered then in small doses, alternating with antacid remedies, like chalk mixture and bismuth.

Affections of the genito-urinary organs are often improved by the exhibition of salol. The most common of all, gonorrhœa, is much more tractable to treatment with salol than without it. The main good is rendered by making the urine antiseptic and unirritating by its administration. It acts thus considerably better than injections of antiseptic substances, being practically an injection from within outward. In treating a case of gonorrhœa with salol, it can be given in conjunction with the balsam of copaiba, usually prescribed. It may be ordered as in the following formula.

℞ Saloli . . . . . ʒvi
Bals. copaibæ . . . . . f℥iss
Syr. simpl.
Mucilaginis acaciæ . . . . . aa f℥iij
Tinct. lavandul. co. . . . . q.s. ad f℥viij

M. Sig. A tablespoonful three times a day, one hour after meals.

Large doses will prove more efficient for this purpose than small ones. The good effects are produced entirely by the action of the antiseptic and bland urine upon the inflamed urethra. Weak antiseptic injections into the urethra from without can also be used at the same time, and will assist in securing a speedy cure. It has been shown that salol, thus used, will shorten the course of the disease materially. Chronic cases improve under judicious use of this agent, if it be used with sufficient persistence. The urine appears, after the ingestion of these large doses of salol, in a much darker color, ranging from olive green to a blackish tint; this is caused by the carbolic acid contained in the urine, and need not be feared. Painful micturition is alleviated early, and the discharge is lessened promptly; in short, the acute inflammatory stage subsides much more quickly with, than without, salol.

In other diseases of the genito-urinary organs salol also deserves a careful trial. In operating for stricture of the urethra, it is advisable to have the patient take it one or two days before the operation, to render the

whole urethra aseptic. Perhaps the infiltration of tissues, so feared after operations in this region, might be rendered innocuous, if salol were given beforehand.

In diseases of the bladder it also proves useful. In cystitis it leads quickly to amelioration of the symptoms, and thus proves valuable in this troublesome and painful complaint.

Salol is of great value in treating different affections of the air passages. As the characteristic odor of salol may be noticed in the expired air, it is quite right to assume that it exerts a local influence besides the constitutional impression. It is of great value in the treatment of acute catarrhal conditions, for the treatment of which it may be combined with various other suitable agents. Terpin hydrate, for instance, acts well thus combined. The two substances can be dispensed in small doses in capsules, and given alternately every two or three hours. If salol alone is given, it will often be found to be acting like a charm. It soothes irritation, stimulates free secretion, and permits the patient to expectorate freely. Patients often remark when salol is given, that the medicine raises the phlegm quickly. It is also recommended in tonsillitis, as it will shorten the duration, besides lessening the fever, quieting the attending pain and relieving painful deglutition. In this affection an emulsion would seem to be the best mode of prescribing the drug.

During the recent invasion of influenza, salol proved of great benefit to the many afflicted. It was quite often prescribed, especially in that form of the disease simulating anginas and catarrhal sore throat. Alleviation of the rheumatic symptoms also quickly followed its use. In the treatment of other infectious diseases, salol has been found useful.

As already mentioned, in typhoid fever salol will assist in procuring asepsis of the intestines. In scarlet fever, it has also been prescribed, and it is believed continued administration of this drug will aid in shortening the duration of the disease, by eliminating the infectious material, besides reducing the temperature.

Externally applied, salol gives excellent results in some diseases of the skin. For a simple erythema, it may be used rubbed up with starch to a dusting powder. The powder form, however, is not very eligible, as salol has a tendency to ball together and form lumps. It is more suited to a paste. As it is white in color, it may be freely applied about the face. In sycosis of the bearded portion, if it is thus applied, it will cause good results. A good formula is as follows:

℞ Saloli . . . . . ʒij
Zinci oxidi
Pulv. amyli . . . . . aa ʒiv
Lanoline . . . . . ʒi

Of course salol may be added to this in any strength, providing the fatty vehicle is also increased. It is entirely innocuous when thus applied, probably not being absorbed through unbroken surfaces, and acting only as an antiseptic protective. The latter quality makes it also an admirable application in burns and scalds. It is then best used by dissolving it in some fatty oil, preferably olive oil, afterwards pouring it liberally over the injured surface, which is to be covered with soft lint.

A summary of all these properties will show salol to be a very useful addition to our materia medica. It is to be regretted that it is, like most other late additions, a proprietary article, imported from Europe and one which our laws prevent us from preparing ourselves; as a consequence it costs more than it would if it could be manufactured here.

SEXUAL PERVERSION AS A PHASE OF EVOLUTION.[1]

BY J. G. KIERNAN, M. D.,
CHICAGO, ILL.

The hypotheses advanced as to the origin of the sexual passion have been multiform. One just now gaining the ascendency was advanced by Clevenger a little more than a decade ago in the following language: "Dollinger and Drysdale have described fission of the monad preceded by the absorption of one form by another. One monad would fix on the sarcode of another, and the substance of the lesser or under one would pass into the upper one. In about two hours the merest trace of the lower one was left, and in four hours fusion and multiplication of the larger monad began." Leidy insists that the amœba is a cannibal, whereupon Michels expresses

[1] Abstract of a paper read at the March meeting of the Chicago Academy of Medicine.

the opinion that each cannibalistic act is a copulative (if the term be admissible) one. Henry Lawson agrees with Michets.

Among the numerous hypotheses as to the origin of the sexual appetite none has referred its derivation to hunger. At first glance such a suggestion seems ludicrous enough, but a little consideration will show that in thus fusing two desires, the meaning and derivation of the primary one—desire for food—is not explained. The cannibalistic amœba may, as Dollinger's monad certainly does, impregnate itself by eating one of its own kind. Innumerable instances occur among algæ and protozoa, of this sexual fusion, appearing very much like ingestion. Crabs confuse the two desires by actually eating portions of each other while copulating. The female *mantis religiosa* eats the head off the male during conjugation. Some female spiders find it necessary to finish the marital repast by devouring the male, who tries to scamper away from his fate. The bitings and even the embrace of the higher animals appear to have reference to this derivation. Association often transfers an instinct in an apparently outrageous manner. With quadrupeds olfaction is most related to sexual desire and its reflexes; but not so in man. Ferrier diligently searches the region of the temporal lobe near its connection with the olfactory nerve for the seat of sensuality; but with the diminished importance of the smelling sense in man, the faculty of sight has grown to vicariate olfaction; certainly the lust of the eyes is greater than that of other special sense organs among bimana.

In all animal life multiplication proceeds from growth, and until a certain stage of growth, puberty, is reached, reproduction does not occur. The complementary nature of growth and reproduction is observable in the large size obtained by some animals after castration. Could the division of an amœba be stopped, a comparable increase in size would be effected. The seeming grotesqueness of these views is chiefly due to their novelty. While a primeval origin for both ingestive and sexual desire seems to have existed, and each seems a true hunger, the one being repressible, and in higher animal life subjected to more control than the other, the question then presents itself: What is hunger? But the reflection serves to show its potency in determining the destiny of nations and individuals, and what a miracle it is in animated life. Most probably it originated in atomic affinities of inanimate nature.

Later biologists have adopted this theory. Rolph evidently regards the process of fecundation as one of mutual digestion, for he says: "Conjugation occurs when nutrition is diminished, whether this be due to want of light, or the lower temperature of autumn or winter, or to a reduction of the organism to minimal size. It is a necessity for satisfaction of a gnawing hunger which draws the animal to engulf its neighbor—to isophagy. The process of conjugation is only a special form of nutrition which results in a reduction of the nutritive income or an increase of the nutritive needs in consequence of the above-mentioned condition. It is an isophagy which occurs in place of an heterophagy. The less nutritive and therefore smaller, hungrier and more mobile organism, we call the male; the more nutritive, and, as a rule, relatively more quiescent organism, the female. Hence it is that the small starving male seeks out the larger well-nourished female for purposes of conjugation, to which the latter, the larger and better nourished is, in its motive, less inclined.

Westphal has reported an interesting case of perverted sexual instinct in a thirty-five-year-old woman, whose father had committed suicide, and who had been a housekeeper in a boarding-school for girls. She learned with difficulty in school. She had a cleft palate. As a child she had been fond of boy's games and male attire. From her eighth year on she had felt drawn to certain girls. She liked to express her love for them, kissed them and induced them to let her touch their genitals, which from her eighteenth to her twenty-fifth year she had frequent chances to do. When such chances did not occur she masturbated, particularly just before and just after menstruation, picturing to herself the loved girl. She had tried to abandon this habit, but when she attempted to control herself, she experienced a disagreeable odor and taste coming upward from her genital organs. This perverse tendency was exceedingly obnoxious to her and she desired to be freed from it. In her voluptuous dreams she appeared to herself to be a man. Physically there was no variation from the feminine type. The patient had latterly been depressed and apathetic; then unsociable and violent, using obscene language. These attacks were of regular occurrence. Before she came under Westphal's

observation, she had been exceedingly depressed, and confessed to her sister her love for a girl. As she finally manifested violence, she was sent to Westphal. Men were repugnant to her. During two months residence in the hospital she manifested no delusions or hallucinations, but weakness of judgment was evident. She contracted an affection for a weak-minded patient in the hospital. Five years after, the patient had no more relations with girls. She still masturbated, exciting her imagination as before by picturing female forms. She had attacks of excitement just before menstruation, and periods of depression just after; in these last she suffered from imperative conceptions, which are far from infrequent in these cases. Olfactory hallucinations frequently co-exist with sexual manifestation; hence their appearance in this case. That they are really an atavism will appear obvious when the relation between sexual excitement and olfaction in the lower animals is remembered.

In another case the mother had a neurotic ancestry, but was brought up in refinement. She fell in love with a farmer, and married him against her parents' wishes. The match proved unfortunate. He was prudent, and did not give his wife the comforts of life to which she had been accustomed. She finally become demonstrably insane, deserted her home, and was found one morning behind a pile of wood clasping to her bosom a newborn babe. The child was taken care of by friends until the mother died, and grew up a beautiful girl, but when about seventeen years old exhibited an errabund tendency. She displayed a great liking for boyish games and attire, but a repugnance to suitors. She was persuaded into a marriage with a man to whom she became so repugnant that he deserted her, whereupon she sought refuge in a Pennsylvania almshouse, where she met the second case who came under Dr. Wise's immediate observation. This last woman had an insane ancestry on the maternal side; she preferred muscular sports and labor; she was averse to attention from young men, and preferred the society of her own sex. She was forced into a marriage with a man to whom she bore a female child, but who deserted her, relations with her husband being distasteful. On being abandoned by her husband she went West, assumed masculine attire, became a hunter, and spent several years among the Indians. On her return she published a very quaint description of her hunting life. Becoming reduced in circumstances she sought refuge in the almshouse with the first patient, who became strongly attached to her and the attachment proving mutual, the two took up their abode in the woods as husband and wife. The second patient assumed the name of "Joe," and provided for the two by hunting and trapping. In 1876, the two returned, the wife introducing her "husband" to her uncle. She was kindly received, and her "husband" was hired to work about the place. One day "Joe" was found to be a woman in disguise, whereupon the uncle was so indignant that he caused "Joe's" arrest. She was imprisoned for four months, during which time the "wife" visited her and carried delicacies to her. At length the neighbors prevailed upon the uncle to have the young woman released. When she came out of prison she lived with her "wife" again. At that time the estate of the "wife's" mother was settled, and real estate valued at several thousand dollars became hers. This property she has not claimed, but still leads her old curious life. Her husband died in the Willard Hospital for the Insane. She is about forty-six years old, while her husband was a few years her senior. The husband was admitted to the Willard Hospital for the Insane in consequence of maniacal attacks. After admission "Joe" tried to have sexual intercourse with her associate. "Joe" said that with her husband she had never had anything but repugnant sexual relations, but with her "wife" sexual satisfaction was complete. She had an enlarged clitoris, covered with a large relaxed prepuce. She had periodical attacks of sexual furor.

Blumer reports a case in which psychological phenomena closely resembling those of hysterics were manifest. The patient, a male, loved a man in the purest manner possible. To gain the affection of the loved object he wrote poetry rather above the average of that poured out by enamored youths. His poetry was so pervaded by the dreamy sentimentality of the Platonic philosophic views of the relations of the sex as naturally to create a suspicion that this philosophy might have the same origin. The pervert used endearing names and wrote pseudonymous letters to his "beloved," scurrilously attacking himself as a means of drawing attention to his affection.

Sodomy sometimes results from an imperative conception, or from this arising from a vice or from both conjoined with congen-

ital defect. This last was the case with the amours of the suicide paranoiac Ludwig, of Bavaria, and Wagner, of "Tannhäuser" fame. The letters of the great composer to the King demonstrate this.

One such case came under my own observation. An insane Bohemian girl was admitted to the Cook County Insane Hospital without a history. She had a virginal vagina and hymen, and a funnel-shaped anus. Subsequently her lover came under my care. He admitted she was very lascivious, but feared pregnancy, and had permitted coitus only by the rectum. As a result both became incapable of coitus except when performed in this manner. The erethism of the girl finally resulted in an attack of mania-like sexual furor, from which she died. This flung her lover into a depression from which he recovered under treatment, and he finally made a happy marriage.

Sexual perversion may furthermore reappear in certain races under the influence of old tribal customs. Pæderasty, according to the oath of Hippocrates, was no more of a crime in Greece than ordinary lasciviousness. The boy loves of the Greeks were common features. Socrates and Plato indulged in this love. Pæderasty, as with the Pueblo Indians, often had a religious phase. Campbell points out that both prostitutes and sodomites were religious attachments even to the Hebrew temples. There were consecrated prostitutes and consecrated sodomites whose receipts formed part of the temple income, while the hire of the promiscuous prostitutes and promiscuous sodomites could not be accepted by the temple. The influence of such customs was shown in the relative frequency of pæderasty in France (Marseilles) and Italy (Calabria) where colonies had been early established by the Greeks. In tribes where pæderastic ceremonies were part of the religious exercises, there would be no popular aversion to pæderasty. Indeed, Schopenhauer views pæderastic performances by old men as an illustration of the beneficence of nature in preventing the propagation of the defective beings.

All of these manifestations may appear as phenomena of periodical insanity, as substitutes for epileptic attacks, in paretic dementia, at the onset of puberty and senility in man, and of puberty, pregnancy, senility and the menopause in woman. Furthermore, they are frequently produced on the neurotic soil of the male and female masturbator. The female masturbator of this type usually becomes excessively prudish, despises and hates the opposite sex, and frequently forms a furious attachment for another woman, to whom she unselfishly devotes herself. The same phenomena may be observed in male masturbators. These latter, however, reach insane hospitals early, as their gaucheries are demonstrable.

The female masturbator has not escaped the keen eye of Balzac, who depicted her in his *Demoiselle avec les Teux d' Or*. Browordel has reported an excellent case of the periodical insanity type. The unstable emotional balance of the periods of evolution and involution, like puberty, pregnancy, the climacteric and senility, explains the sexual perversions of these periods.

That these abnormal sexual phenomena may originate in imperative conceptions is readily demonstrable. A woman in the sexo-emotional condition produced by pregnancy manifests aberrant "longings." Pregnant women have insisted on sexual intercourse with a husband and have then killed and eaten him. Recently delivered dogs and tigers often devour their offspring. In the male, similar phenomena occur at the sexual orgasm, when great emotional exaltation exists and the will is in abeyance in consequence. A man may be then seized by an imperative conception differing in character from the voluptuous. Seeing a woman's shoe he is unable thereafter to experience sexual emotions without this conception. Ridiculous as this may seem, more than one victim of this imperative conception has been tried for theft therefrom resulting.

Lawson has reported such an adjudicated case. Sprague, the accused, was arrested immediately after having assaulted a young lady by throwing her down violently, removing one of her shoes and running away with it. He made no attempt to steal anything else, although she had on valuable jewelry. When the trial came on, insanity was alleged as a defense. Numerous witnesses, the principal of whom was the father of the defendant, a clergyman of the highest respectability, testified to the erratic conduct of the prisoner. A family history was elicited which bore most pertinently upon Sprague's case, his grandfather, grandmother, great-grand-uncle, three great aunts and a cousin having been insane. He had himself in his youth received numerous blows and falls upon the head, and within a year from the last head injury he had devel-

oped severe headaches, associated with which his friends noticed a bulging of the eyes. About this time the prisoner developed a fondness for stealing and hiding the shoes of females about the house, and it was found necessary by his relatives and the female domestics to carefully conceal or lock up their shoes to prevent his abstracting them. Upon investigation it was discovered that the act of stealing or handling the shoes produced in him sexual gratification.

About a decade ago I pointed out that not a single abnormal sexual manifestation by itself, could be regarded as evidence of insanity leading to irresponsibility, hence I most heartily agree with Krafft-Ebing, Spitzka and Tarnowsky, that the mere existence of anthropophagy, necrophilism or sexual perversion, unaccompanied by other evidences of nervous and mental disease, is not sufficient proof of insanity.

Between the cannibalistic sexual intercourse, the expression of protoplasmic hunger in the amœba and the picture drawn by Finck and Maudsley looms a seemingly impassable gap, yet evolution has, as demonstrated by these perversionary atavisms, bridged this gap, and from and by what would *a priori* seem the utmost expression of egotism, has developed a secondary "ego" which inhibits explosive manifestations of egotism and hence is an efficient moral factor.

COMMON COLDS.

BY A. NOEL SMITH, M. D.,

DOVER, N. H.

When an individual has "taken cold," as is said, there is certainly a departure from a healthy or normal condition. Although most people have contracted a cold many times in the course of their lives, and had no structural disease as a consequence; yet it is to my mind not only erroneous but dangerous to entertain a belief, as many, more especially non-professional people, are apt to do, that a cold scarcely ever has sequels of a serious nature. And this error in belief has destroyed the lives of many.

No person, it is true, dies merely of a *cold*, as long as it is nothing but a cold simply; but when, from inattention and neglect, it results in certain diseases which at once suggest themselves to the mind, a cold may, and often does, indirectly prove fatal. "Colds destroy more than plagues," was the answer of a physician to one of his friends, who in reply to an inquiry as to his health, said, "I am very well, having nothing but a cold."

Another error into which many are apt to fall is, that colds require no treatment; and I have heard of individuals who not only considered colds as free from danger, but even thought, or pretended to think, them wholesome and promotive of good to the organism in some way which they could not explain. No doubt a man had better have a cold than a more grievous disease, but it must be infinitely better to have neither.

It is unnecessary to note the symptoms of a cold; all are only too familiar with them. Colds seem to be of no certain duration or continuance; and many have been the remedies employed to cut them short in their course. Large draughts of cold water; hot water; hot brandy; whiskey; hot lemonade; gin; eating heartily, or "feeding the cold;" fasting, or "starving" it—all have been tried with variable results.

Neglected colds may be, and are, responsible for many affections which afflict us. We meet every day in our practice some form of the many throat troubles, so common in this changeable climate, which are brought on by exposure to cold and moisture. Very few people are exempt from catarrhal affections of some portion of the respiratory tract. Perhaps acute bronchitis most frequently results from taking cold. Of course every case of such disease does not have this common origin; as bronchitis frequently occurs in connection with other diseases, and also arises from traumatic causes.

Not only may colds be responsible for a catarrhal process in the larger bronchial tubes, but the process may extend downwards, developing catarrhal pneumonia and caseous phthisis. Then, although croupous pneumonia depends upon a specific element for its etiology, and is therefore a self-limited disease, persons predisposed to this affection by constitutional vice may find exposure to cold acting as an exciting cause at any time.

So long as the results of a cold are manifest in the larger bronchial tubes only, perhaps there is not much to fear; but when the smaller tubes become involved, there is everything to fear; for continuous collapse of the air vesicles from obstructed bronchi must end in caseous phthisis.

Now seeing these things are so, and that the dangers to the human economy are so numerous from neglect of the so-called "common colds," what is the inference to be drawn? Evidently this: that we ought to strive in all possible ways to lessen these dangers by prophylaxis, living ourselves, and teaching others to live—especially in this changeable climate—in such a manner as to reduce the number of colds contracted from time to time to the lowest possible number. This can be accomplished only by giving close attention to all hygienic rules. In the first place, a person must have good and abundant food, at regular intervals, in order to be well protected against the arrows of disease. The clothing must be such as will afford equal warmth to the surface of the body and the extremities. It must be comfortable and easy, and not interfere with sufficient perspiration over the surface of the body. The bad results from chilled extremities and cold feet can scarcely be over-estimated. The importance of proper clothing and the necessity of changing with the seasons are well illustrated in the lower animals. The horse changes his coat in the spring and autumn, and in the winter it might be said he has a double coat. The birds moult their feathers in the fall, and the new feathers thicken as winter comes on. The neck does not require so much protection as the body below this point; neither do the head and face. It is a mistake to muffle up the neck too much, especially when walking, as this part is richly supplied with blood-vessels, and does not chill easily.

Again, pure air is essential to the maintenance of health. I firmly believe that in order to enjoy the greatest immunity against colds, one must accustom himself to be out-of-doors in all weathers; and so long as he is protected so that he will not get wet feet, or get wet through, always remembering to keep the mouth closed, and to breathe through the nose wholly, there is no more danger of catching cold out-of-doors than in.

Another prophylactic measure consists in proper and continuous expansion of the lungs. As I have intimated above, certain forms of phthisis and pneumonia will result from the inflammatory condition established by collapse of the air cells of the lungs, on account of obstruction of the bronchial tubes. Now, this result may be avoided very frequently by keeping the lungs, especially at the apices, well inflated with pure air. I believe this process to be one of the most valuable in the prophylactic management of common colds; as I have known persons who, previous to systematic deep inhalations of air, were afflicted often with colds, and thereafter were seldom troubled. And not only is such a course valuable as a preventive, but an established cold may often be cleared up by persistent and frequent exercise of the respiratory muscles.

To conclude, as so many and grave diseases may and do have their origin in the common cold, and as guarding against and preventing disease is admitted to be far better and more philanthropic than to cure it when already established, let us endeavor to educate our communities in every prophylactic measure that experience of ourselves and others may suggest, and thus assist in the prevention of suffering, and in the prolongation of human lives.

PERISCOPE.

Sterility.

The *Archives of Gynæcology*, January, 1891, quotes Dr. Robert Bell, in the *Medical Press*, as saying that while it must be admitted that impotency in the male occasionally is present, it is of such rare occurrence that when it does occur it may be looked upon as phenomenal; moreover, it can generally be accredited to the effects of some previous gonorrhœal or syphilitic attack. That it may, however, occur idiopathically is also admitted, but the percentage of such cases is so very small that for all practical purposes they scarcely deserve consideration. In the female also sterility of an idiopathic origin may likewise be viewed as a very rare defect. In short, it may be accepted as a principle that sterility in either sex is the sequelum of some diseased as opposed to a defective condition of the sexual organs. I consider the one great factor in its production to be a diseased condition of the endometrium. This may be due to various causes, such as stenosis, catarrh, hydrostatic congestion due to a defective heart action, or some vascular derangement induced by obstinate constipation. It may, on the other hand, be aggravated by flexions, versions or prolapsus. Stenosis as well as retroflexion and anteflexion are credited with many evil consequences such as dysmenorrhœa, menorrhagia, etc., but these

various pathological conditions would never co-exist were the endometrium healthy. We are not sufficiently alive to the fact that endometritis proceeding to metritis is a pregnant cause not only of the various affections of the uterus, but of those of the tubes and ovaries also. Take stenosis of the cervical canal for example. In nine cases out of ten it is due to a hypertropic condition of the mucous membrane due to chronic hyperæmia. If such is the case it is needless for me to remark that forcible dilatation, which is so frequently resorted to, in the circumstances can be hardly anything more or less than injurious. If, on the other hand, stenosis is really the primary affection, it does not necessarily imply sterility or even dysmenorrhœa; that is, if the upper reaches of the endometrium are healthy; and for this reason that the spermatozoa can impel their way through as narrow a canal as a fluid can escape by, and blood, if not coagulated, can dribble through a channel of very minute caliber as quickly as it is thrown off in menstruation. If, however, it comes in contact with tissue, be it ever so slightly inflamed, its fluidity decreases and hence the distress which so frequently accompanies stenosis, because coagula have to be forced through the contracted channel by uterine action. Now, just as in endrometritis the caliber of the cervical canal becomes narrowed, so does that of the Fallopian tubes, and more especially does this occur at their outlet into the uterus where the lining membrane, in consequence of its hypertrophied condition, tends to occlude the orifice. In this way hydrosalpinx and pyosalpinx frequently originate. To my mind the one great factor of sterility is endometritis, and in this I include endocervicitis.

Not so very long ago it was accepted as an axiom, that if a woman had ever been the subject of inflammation of the womb she could never become pregnant. Now, however, it is beyond question that this hypothesis is false. Nay, more, I have known of women who have even been the victims of gonorrhœal endometritis to bear children after that was removed. This is a much further advance than pregnancy becoming possible after a simple endometritis had been cured. Endocervicitis may certainly *per se* be the cause of sterility, and doubtless occasionally is, but it is so rarely disassociated with a similar condition of the endometrium, and endometritis is never present without endocervicitis being co-existent. If we examine the discharge which is secreted so abundantly in endometritis, we will find that it frequently consists of a muco-purulent fluid of an acrid nature. The character of this fluid is so irritating that its passage over the vaginal portion of the cervix denudes it of its mucous surface, giving rise to erosion and pupillary ulceration, and not infrequently to vaginitis as well. The effects of its acridity, then, being so injurious to the mucous surfaces over which it passes, can it be doubted that it will have a destructive effect upon the spermatozoa when they come in contact with it? Though this were not the case, however, the disorganization produced by it on the endometrium would certainly deprive this membrane of the power of affording a proper nidus for the ovum, if even it were to become impregnated. If pregnancy does not follow marriage within a reasonable time, there must, as a rule, in the majority of cases, be present some faulty condition of the generative organs of the female.

Flexions are frequently accredited with being factors of sterility. This, however, is only because they indicate an unhealthy condition of the uterine lining membrane and walls. In short, they are only accessory conditions to, and dependent upon, the one prime factor of sterility, viz., endometritis. Now we know that not unfrequently unmarried women are the victims of this disease, and though in many instances it may not be sufficiently severe to interfere very much with the geueral health before marriage, the case is very much altered after that event, and this for obvious reasons. As time goes on the diseased condition of the uterus does not tend to diminish, but on the contrary to increase, in consequence of the periodical excitement the organ undergoes. The unhealthy condition, which at first was trifling, becomes in consequence more and more pronounced. It is little wonder, therefore, if sterility is persistent. If, however, the endometrium, by judicious treatment, is restored to its normal condition, I have no hesitation in affirming that it matters not how long after marriage this is accomplished, the most powerful as well as the most frequent barrier to conception will have been removed. As I have before stated, endocervicitis may exist for a time without the endometrium being also involved, but sooner or later, either by continuity of tissue or by the repeated monthly efforts of the uterine walls necessary to pro-

pel the menses through the narrow canal, or both combined, the endometrium must of necessity sooner or later become involved. The more extensive my experience becomes the firmer does my conviction grow that endometritis is the one great cause of sterility, and not only of sterility, but of flexions and oöphoritis also. This being the case the treatment of those affections is not difficult to conduct and bring to a happy determination. To carry this out successfully, however, it is needless to insist that during the process complete abstinence from marital intercourse be enjoined.

Varieties of Hydrocele.

Duplay, in an article in *l' Union Medicale*, translated in the *Medical News*, March 28, 1891, mentions a large variety of hydroceles which may be encountered in the inguino-scrotal region, together with the means of differentiating them. It is an easy matter to distinguish the so-called "hydrocele by infiltration" from hydrocele with effusion, since the former is simply an œdema, and is not accompanied with fluctuation and transparency, while the tissues retain the imprint of the fingers. More difficult is the diagnosis between encysted hydrocele of the testicle and epididymis and vaginal hydrocele. The differences here consist in the variable connections which exist between the sac and the testicle. The effusion in hydrocele of the tunica vaginalis entirely surrounds the testicle, and the latter occupies a postero-inferior position, aud is a little internal to the tumor. This is the rule, but it is well to remember that in cases of inversion of the epididymis the testicle is found in front of the effusion. In encysted hydrocele there is a cyst which takes its origin between the testicle and the epididymis, either on a level with the head of the latter or a little lower. This cyst increases in volume, little by little, until it conceals the testicle, but it always remains attached to the head of the epididymis by a point more or less constricted, as large as the thumb or two thumbs, and it is always possible to outline the gland, which is impossible when it is enveloped by an effusion.

It is necessary to distinguish several varieties of vaginal hydrocele, and to describe separately congenital hydrocele, and hydrocele in Dupuytren's pouch. In the fetus there is nothing in the tunica vaginalis, and it is at the time of the descent of the testicle that a prolongation of the peritoneum is dragged down, constituting the serous cavity. Congenital hydrocele is that in which the peritoneo-vaginal prolongation is not separated from the large abdominal cavity. The liquid which the sac holds is then very easily reducible, and returns into the abdomen very rapidly when the passage is large. If, on the contrary, the passage is small, it may require some time to return all of the fluid. Hydrocele in Dupuytren's pouch is a second variety of congenital hydrocele. It is easy to confound this variety with bilobar hydrocele. The latter is that in which, owing to the resistance of the fibrous tunic of the pouch, a bridle is formed which divides the sac into two portions. Hydrocele in the pouch is a variety in which the peritoneo-vaginal conduit, instead of becoming obliterated after the passage of the cord, is closed only in its upper portion, this closure completely shutting off communication with the peritoneal cavity. If, under these circumstances, an effusion occurs into the tunica vaginalis, it will divide into two portions, the one occupying the cavity which extends from the base of the sac to the orifice of the canal, and the other an intra-canalicular dilatation. Occasionally the peritoneum is pushed back, and it then forms a subperitoneal sac, which may be felt in the iliac fossa. In some cases, vaginal hydrocele runs even to the external orifice of the vaginal canal.

Of hydrocele of the cord there are two varieties: in one, the cavity presents itself above the line of the cord, and evidently consists of the non-obliterated remains of the peritoneo-vaginal canal. It is seen as a small, resistant, transparent tumor, at a point more or less elevated above the passage-way of the cord. Some cysts of this kind at times descend to the lower portion of the pouch, and it is then possible to confuse them with ordinary hydrocele. On the other hand, the obliteration of the peritoneo-vaginal canal may take place in its lower portion, all the upper portion remaining patulous, and forming a serous cavity which may be taken for an hernia or an effusion. In this variety, which is very rare, the effusion descends along the inguinal canal, and forms a transparent, reducible tumor. This is, if we adopt the name given by Chassaignac, a peritoneo-funicular hydrocele.

Finally, there is hydrocele of the hernial sac, which may extend the length of the in-

guinal canal, and even reach to the base of the pouch. The hydrocele is a serous cavity filled with liquid; sometimes the intestine and omentum are absent, and there is no communication with the peritoneum, but at other times an organ is found in the sac which should be in the abdominal cavity. Hydrocele of the hernial sac does not descend to the base of the scrotum, and it is easy to recognize it. Nevertheless, the diagnosis between it and peritoneo-funicular hydrocele, or cysts of the cord, may be quite difficult.

Safety of Hypnotism as a Remedy.

So much has been written lately of the dangers of hypnotism that it is interesting to note a very interesting and remarkable article on the therapeutic use of hypnotism, by Dr. Hamilton Osgood, in the *Boston Medical and Surgical Journal*, March 26, 1891. In concluding, Dr. Osgood says: I wish again to allude to the feeling that hypnotism is dangerous. If it be applied with the necessary technical understanding and the proper suggestions, the causation of hallucinations being avoided, and if the patient be treated with the gentleness and consideration which is always shown a patient under any other circumstances, *I distinctly deny that danger attends the use of hypnotism.* I do not speak from hearsay, but from a moderately large experience. It is easy to see how harm could arise where a susceptible patient is used as a plaything for the creation of hallucinations, day in and day out, at the sweet will of medical students and of physicians indifferent to all else than their own amusement, indulgence of curiosity or a desire to watch effects. Charcot's patients are trained, *strained* one may say, to the highest degree and by startling and exhaustive methods. It is no wonder that he sees nervous disturbance among them, and that they became mere puppets. Charcot, therefore, declares that only hysterical subjects or persons of what he calls "a peculiar nervous make-up," can be hypnotized, and that hypnotism will create hysteria. This is curiously refuted by all the statistics published by men who hypnotize according to the Nancy methods, men whose united testimony refers to hundreds of patients to Charcot's one. This is my experience, and further, while the larger number of my patients have been non-hysterical, among them strong men, those who were hysterical, and have responded to the treatment, have become free from the nervous ailment.

Is there no argument in Bernheim's decided assertion, after more than nine years of large experience, that he never has seen one case in which harm of any sort has resulted? He shows how harm could be caused, but also that it is wholly unnecessary. I can show that harm has been caused by the use of baths; but does one stop bathing? Liébeault has used hypnotic suggestion during thirty years of large practice and *he* pronounces its proper application harmless. It is singular that mere prejudice strikes stronger roots in some minds than simple truth. The fact is, however, that the laity is more independent of the opinion of the physician than once was the case. People will decide for themselves, and the very results of hypnotic suggestion will be sufficient proof.

A well-known physician, who is a good hater of hypnotism, but who, of course, has not used it himself, else he would have another opinion, said to a relative of a patient whose case I have mentioned, that hypnotism was hurtful. "Yes," was replied, "but there is my cousin, who for twenty years was constantly intemperate and now cannot be made to touch liquor, and his health has greatly improved. This was the result of hypnotism. That is proof enough for me."

Can any fair-minded man fail to see the great value of the treatment in view of such results? One can merely quietly continue the use of a remedy which, in many senses, nothing can replace, and let prejudice take care of itself. No physician, who practically has followed the methods of the Nancy School, confining suggestions to the functions of the organism, will admit that he has ever seen a result in any sense injurious to the patient. Consider the vast number of patients which this statement includes!

One argument against the use of hypnotism I cannot leave unmentioned. It is, that in using it a physician, simply because this thing has in the past been largely in the hands of quacks, might injure his practice or hurt his standing. This needs only one word of reply: To put it mildly, it is the argument of a man without courage. Nevertheless, the timid physician, who *believes* in hypnotism, doubtless finds reason to be thankful for the fact that to-day hypnotic suggestion stands firmly upon scientific ground, and that it is practiced abroad by

men whose judgment is ripe and whose medical attainments occupy the first rank. Personally, I should feel that I were doing wrong, and were disobeying duty, if I were unwilling to apply hypnotic suggestion wherever I saw it were likely to aid the patient. And this is the outcome of my experience in this branch of therapeutics.

Treatment of Chorea.

The notable improvement in many cases of chorea during the administration of sedatives, such as chloral or bromide of potassium, has long been recognized by the profession. Dr. J. A. Jeffries has recently published, in the *Medical News*, his experience with sulphonal. Five of his cases were simple chorea—that is, first attacks of recent origin. These all recovered within three weeks. In two arsenic had failed, in two it was never used, in the fifth either arsenic or sulphonal alone failed, but together they were quickly followed by improvement. Sulphonal was also employed in five other cases, which were either of long standing or second or third attacks; four were at the period of puberty. Three of these cases got well, at least for a month; in three arsenic had failed; in two it was not used. Two did not recover with any treatment. All the cases were also ordered a daily sponge bath, simple diet and sleep in the middle of the day. Although the treatment has only been employed in ten cases, and two of these have shown no improvement, the results in the other cases appear sufficiently encouraging. In reports upon simple chorea, however, it is well to check the results by the average duration of such cases when not under medicinal treatment.

The attempt to place any drug or combination of drugs in the relationship of a specific to chorea represents a form of gross and inexcusable empiricism. Simple chorea, so-called, or better, Sydenham's chorea, is the only possible exception to the above statement. Certain choreas are of organic origin (post-hemiplegic), or at least are so classified at present. Such a form of chorea is but little affected by drugs which benefit the simple type. Huntington's chorea, or the hereditary form of the disease, is notoriously obstinate in its resistance to the curative effects of all drugs. There are forms of chorea which are distinctly of reflex origin. The celebrated case, reported by Hamilton, of chorea dependent upon an eczema of the arm, the choræic movements beginning with the development of the eczema, limited to the same arm and disappearing with the cure of the skin affection, is a striking example. Other reflex relations may exist in affections of the nasal mucous membrane, in defects of ocular muscle accommodation, in preputial irritation, or in a variety of other peripheral causes. Laryngeal chorea is almost invariably found to be associated with a local condition of disease in the larynx. Two other forms of chorea, one occurring in pregnant women and dangerous, the other in the aged, are recognized. Rational therapeusis demands, of course, the removal of the cause, and a reflex origin should always be eliminated. Often the symptom of nervous twitching will afford no clew to such a cause. In the simple or idiopathic, or Sydenham's chorea, the following plan of treatment is that observed with most success in the clinic for nervous diseases at the New York Polyclinic. The child is removed at once from school, put on a nutritious and non-stimulating diet, freed from all excitement or mental strain, and given a combination of iron, preferably the dialised, with Fowler's solution of arsenic, 20 minims of the former and 5 to 10 of the latter, three times daily. If there is evidence of malnutrition, as is usual, cod-liver oil and malt is added. If the case does not improve in one week, or two at most, it is put to bed and kept there for three weeks, other treatment being continued as above. In private practice, galvanism to the spine, using the continuous current and small doses at first (5 to 8 milliampères), with seances on alternate days, is at times a valuable adjunct to other methods. Very few cases will be found which are not markedly benefited, if not entirely cured, by the above plan. The arsenic may be increased, if necessary, though the possibility of arsenical poisoning should always be recognized.—*Archives of Gynæcology, Obstetrics and Pædiatrics*, February, 1891.

Keloid.

Dr. Bryson, in the *New York Medical Journal*, March 7, cites an article by Dr. A. F. Plicque, in the *Gazette des Hopitaux*, October 11, 1890, assaying that the anatomical and pathological nature of keloid is much in dispute. Alibert classifies it with cancerous dermatoses; Jacobson considers

it a particular variety of sarcoma; Tilbury Fox as a tubercular affection; and Hardy as a simple deformity of the skin. To account for it more satisfactorily, Bazin invokes the aid of a special diathesis—the fibro-plastic. Erasmus Wilson thinks it a trophic disturbance; Deneriaz, a microbic infection; while Kabler finds a certain relation between keloid and syringomyelia. It has also been suggested that keloid in general is the development on scrofulous soil of what would otherwise be sarcoma, and that it is an illustration of the antagonism of disease. Pathologically, there is no essential difference between the cicatricial form and the spontaneous variety. Embryonic cells penetrate deeply and congregate about the sheaths of vessels far beyond the definite limits of the disease itself. Hence the necessity of extensive ablation in view of total extirpation. True keloid is covered with the papillary layer of the skin, which the cicatricial variety is naturally without. There is also a slight and immaterial difference in the connective fibers of the two forms, but they both belong to the group of fibro-sarcomata. Just here lies an explanation of the benign nature of the disease. As it progresses, the embryonic cells take on the character of definite connective tissue which gradually obliterates the vessels of keloid that in themselves are few in number. Hence the slow devolopment and frequent arrest of sarcomatous elements, of which the essential cells and their nuclei become more and more infrequent and gradually disappear. One close relation to malignant growths, however, is the chronic tendency of keloid to return after removal or treatment.

Pain and discomfort are prominent symptoms. Anything that will relieve these is worthy of consideration. The agent now most in favor is scarification according to Vidal's method. The scarificator, a small, sharp bistoury, is held like a pen between the thumb and index finger. Incisions—perpendicular to the skin and not oblique—are made lightly and rapidly by movements of the fingers and not from the wrist. Quadrilateral incisions are best, extending slightly beyond the area of morbid tissue into the region of healthy skin. This procedure causes considerable pain, which diminishes with each sitting, owing to further division of nerve fibers. The slight hemorrhage may be arrested by pledgets of absorbent cotton applied with the left hand during the scarifying process. A Vigo plaster is then applied. Union is by first intention, all traces of the incisions disappearing in three or five days. While the operation is slight in itself, antiseptic precautions are absolutely necessary to avert all possible danger of consequent erysipelas. Scarification can be applied about once a week at first, and then more frequently if the surface is extensive. Pain is the first symptom to disappear under this treatment, two sittings having been sufficient to relieve it in a case of Vidal's, where it was so severe that the surface had to be protected from the clothing by a wire breastplate. Brocq recommends electrolysis by means of needles plunged into the tumor to the depth of six or seven millimeters. The current—five milliampères—is passed for thirty seconds. The whole surface is thus gone over, insertions of the needle being as near together as is possible without infringing upon the little white circle that appears upon its withdrawal. On account of inflammatory reaction, it is wise to give only weekly or fortnightly sittings. Perhaps the very best plan of treating keloid locally is to alternate scarifications and electrolysis. The diathetic condition, whatever it is, must receive attention. Quinine, where there has been a malarial element, and salicylate of sodium, in a lithæmic subject, have relieved the pain of keloid.

Morphine Habit Treated by Gradual Withdrawal.

Dr. Cottel, of Portland, Oregon, in the *American Practitioner*, states that he has obtained a positive cure in forty cases of morphine addiction by means of the following "mistura diabolica": Morphine sulphate, a variable amount; fluid extract of viburnum prunifolium, four drachms; elixir of ammonium valerianate, three ounces; elixir of sodium bromide, two ounces and a half. The dose is a teaspoonful as required. The amount of morphine is a diminishing one, beginning at a point somewhat below that which has been taken habitually. Tincture of opium may be substituted for the morphine with advantage in some cases, the size of the dose being proportionately increased. The bromide of sodium is in the proportion of five grains in each drachm of the excipient. The mixture can be readily given up after the morphine is dropped from it.

This plan of treatment involves the

gradual withdrawal of the narcotic in cases where there is a *bona fide* desire to be cured; immediate withdrawal is cruel and unscientific, and it is inapplicable where espionage and restraint are not within reach. Rapid withdrawal of the narcotic has the same objections, and the tendency to relapse is greater than when the gradual weaning has been resorted to. The writer adds: "I am confident that no case is incurable, however chronic, provided the general health is fair." The main point will be to win the confidence of the patient in the physician's power to cure, and to secure this he is to be taught that the substitute used by the physician contains no morphine. If he finds that the substitute contains morphine his co-operation will not be given, since nearly all opium fiends have had a sad and fruitless experience in regard to the tapering-off process. It is well not to hurry the reduction of the dose of morphine; in chronic cases, or those of persons who have been taking ten grains or less daily, the patients will usually not notice the abstraction of a grain each week, although some must be dealt with even more patiently than that. In smell and taste this mixture is truly diabolic, and many patients will say they can do without the horrible stuff long before the time estimated as required for the withdrawal has been consumed.—*New York Medical Journal*, March 7, 1891.

The Leprosy Commission.

The Indian correspondent of the *Medical Press*, March 4, 1891, furnishes the following particulars regarding the work of the Leprosy Commission: The Commissioners arrived at Bombay in November, 1890, and at once proceeded with their inquiries in that city, whence they proceeded to Madras, the Central Provinces, Hyderabad and Burma. They have yet to go through Bengal, the North-West Provinces, and the Punjab. This, however, in itself constitutes little more than half the inquiry, and which consists in making the round of the several leper asylums and examining the various patients confined therein. A good deal of time was necessarily spent in getting at the family history and the extent to which members of the family suffered from the disease, and who for the most part are scattered about. In Burma a rather different course was taken, the lepers were collected from the country and from the pagodas. In Prome a house-to-house visitation was made, and a number in this way were got at. A visit was suggested to the mosque at Tollygunge, where on the first Thursday in each month alms are distributed to about 600 paupers, the great majority of whom are lepers. This, however, was obliged to be abandoned, owing to want of sufficient time, but at Hyderabad an opportunity occurred of collecting evidence from a very similar gathering of lepers of the district. Here it appears that a wealthy native gentleman periodically distributed considerable sums of money among the lepers, and hearing of the arrival of the Commissioners in the city, he at once let it be known that he would distribute alms on a certain day, and this proved of great value. The Commissioners were last heard of in Calcutta, where upwards of fifty lepers were thoroughly examined the first day and their family history carefully ascertained. After having completed their work there, they will then proceed to Darjeeling and to Burdwan, and thence to the orphanage at Purulia. Of equal, if not in some respects of greater importance, is the bacteriological laboratory work which must follow on the footsteps of the inquiry, and which will have to be done at Simla, and will, it is believed, occupy about six months. The work there will, for the most part, consist of microscopical examination of the various diseased structures, the separation and cultivation of the leprosy bacillus, and to what extent it may prove to be the medium of communication. On this point some of the members of the Commission retain a perfectly open mind.

Extra Titles.

The *Medical Record* says editorially, March 7, 1891: "The use of extra and distinctive titles for medical men has always provoked discussion among those who have and those who have not the coveted appendages. The recent action of the Toledo Medical Association in resolving to dispense with all extra insignia of rank brings the general subject again to notice. While much can be said on both sides, we confess ourselves in favor of such extra titles as guarantee the possession of extra knowledge or ability. It may sometimes be the question which is the greater, the man or his title, the officer or the office, the professor or the college, the surgeon or the hospital, and so on. Few men are so celebrated as to carry with their work the simple name as

sufficient authority for *ex cathedra* statements. There are too few Hannibals, Cæsars and Napoleons in our profession to make precedents in such a line. Consequently, when a man claims a right to speak from his experience, it is proper to prove his fitness by stating his position and title. But the latter must be distinctive, if it adds force to the arguments and statements of an author or teacher. We admit that such distinctions are invidious, but all distinctions are invidious. Because they are so, men are willing to work and struggle for them, and in so doing make themselves fit the positions when they attain them. We are well aware that the man of mere titles means nothing. Those of professor are in some quarters so common that it becomes a real distinction to be a high private. The fellowships to societies are too numerous to mention, while the medical air is literally swarming with buzzing dispensary assistants. There is a happy medium between the two extremes of magnifying an office or of abolishing it altogether. It becomes after all a matter of taste with each man when and how to name his titles. There is as much presumption sometimes in avoiding their use on the egotistical plea that the name itself is sufficient as there is in making the tail too heavy for the kite. At all events, we cannot legislate on taste or expediency in this matter, and we very much fear that the resolutions of the Toledo Medical Association will be whistled down the wind."

[This is very true. The use of titles is sometimes ridiculous, but the fact that a writer holds a position of responsibility as a teacher or practitioner adds to the force and value of what he says; and, until an author may assume that all medical readers know this fact, it is proper to use a title which will acquaint them with it.—ED. REPORTER.]

Gastric Function in Chronic Nephritis.

In the *Bolnitchnaia Gazeta Botkina, No.* 47–52, 1890, Dr. V. Kravkoff publishes an exhaustive paper on the gastric function in chronic nephritis, giving in a tabulated form the results of his experiments on the gastric function of patients with renal affection of different degrees. He states that free hydrochloric acid in the stomach of patients with chronic kidney affections is extremely variable in different cases, as well as in the same case at different times. The variation in different patients is more marked, and its relation to the general clinical symptoms is less marked than that in the same individual. In the latter case the fluctuation is relatively less marked, but its relation to the general condition of the patient is much more conspicuous. In the majority of cases the absolute amount of free hydrochloric acid is lowered, the general acidity remaining the same. In the minority, the amount is normal or absent, but the general acidity is lowered. The absorptive power of the stomach is normal, as a rule. The gastric motor power is lowered only in especially cachectic cases, or cases with pronounced gastro-intestinal catarrh. Sub-acute and chronic attacks of uremia do not necessarily interfere with the presence of a normal amount of hydrochloric acid in the gastric juice and the normal digestive power of the latter.

Medical Schools in New York.

The *Medical Standard*, March, 1891, says: The recent incorporation of the New York College of Physicians and Surgeons with Columbia College has very naturally led to medico-historical reminiscences. It appears that in 1767 Columbia College established the first medical college in New York State. In 1769 the graduation of the students awakened such public enthusiasm that the New York Hospital was founded. The Columbia medical department survived until the outbreak of the revolutionary war when all college work ceased. The Medical College remained moribund until 1806 when the College of Physicians and Surgeons was started. It had no faculty to speak of, but the Columbia medical department had, and this medical faculty was transferred to the College of Physicians and Surgeons which, however, maintained a separate existence. In 1860 a nominal union was secured. The present union is, however, an intimate one. The medical college retains its name, but becomes an integral part of the university system of Columbia. The treasurer and trustees of Columbia assume all financial and other functions hitherto exercised by the same officials of the medical college. Dr. McLane becomes dean of the medical department and one of its representatives in the university control. The income of Columbia is to be drawn on for the support of the medical department. The students matriculate as students of Columbia.

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CHARLES W. DULLES, M. D.,
EDITOR AND PUBLISHER.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

ELECTRICITY FOR THE DISEASES OF WOMEN.

Much interest has been felt, by thinking men, in the question as to the value of electricity as a curative agency in gynecology. This question has been kept constantly before the profession by the electricians themselves; and as the importance of the subject demanded, a respectful hearing has been given. It cannot be denied that at the present time the profession is disappointed with what has been accomplished by electricity. Only recently it was claimed that electricity was a positive cure for ectopic pregnancy and for many cases of pelvic inflammation, including the various forms of salpingitis and that pelvic adhesions, binding bowels, uterus, ovaries and tubes together, melted like the snow before the summer sun. Now, we hear this no more, or it is only hinted at, or it is hoped that electricity will do these things. Practically, the use of electricity is condemned by conservative men in the treatment of ectopic pregnancy and in all the graver forms of pelvic inflammation. Electricity has failed to abolish the necessity for abdominal section in ectopic pregnancy, and in the various septic accumulations in the tubes and ovaries.

It was claimed that electricity would displace hysterectomy and the removal of the uterine appendages, in the treatment of fibroids; that it would cure symptomatically and anatomically. The proof of this claim has been anxiously awaited, and it is gratifying to record that there is a growth of evidence of the value of electricity—the galvanic current—in the treatment of this disease. The Keiths have shown, positively, that electricity will do much for the relief or cure of fibroid tumors. At the present time it has not supplanted hysterectomy or the removal of the uterine appendages; but has been established as a method of treating uterine fibroids. Careful men exclude it in the treatment of fibroid tumors in which salpingitis exists—a considerable class, of soft myomata, and of fibro-cystic tumors. When it is recalled that most fibroid tumors do well without special treatment, that the occasional use of the curette will suffice in the treatment of many others, and that only a small percentage have been submitted to section in the past, it will be admitted that the field of usefulness of electricity in the treatment of fibroids is not a broad one.

There is no doubt, however, that the galvanic current, properly used in the treatment of uterine fibroids, will arrest hemorrhage, will lessen pain and will, at times, bring about a diminution in size or even the disappearance of the tumor. These facts have been established by thoroughly reliable men and are incontestable. On the other hand it must not be forgotten that in the natural history of fibroid tumors, hemorrhage at times lessens or ceases spontaneously, that pressure and reflex pains vary from time to time, and that the tumors

themselves diminish or disappear at times spontaneously. And also it must be remembered that certain dangers attend the use of the agent. Deaths have been reported; peritonitis has been caused, and growth of the tumor has been accelerated. There is thus a negative side to the question.

It is yet to be decided in what class of fibroids electricity will do the most good, and what the dangers of its use really are. Then its advantages and disadvantages in the treatment of a special class of fibroid tumors, can be compared with the advantages or disadvantages of hysterectomy in the same class of cases.

Electricians claim to cure otherwise incurable cases of chronic metritis and endometritis. These conditions, as primary, uncomplicated diseases, are rarely met; usually they are found as a minor complication of salpingitis—perhaps antedating or causing the salpingitis, but later being kept up by the tubal inflammation. In the rare, uncomplicated form of these uterine maladies, and in purulent endometritis sometimes remaining after the removal of the uterine appendages the use of the galvanic current is indicated if simpler measures fail. When the uterine disease is but a complication of salpingitis, all intra-uterine treatment is contra-indicated.

It is gratifying to be able to call attention to the lecture by Dr. Fisher, on the use of "Galvanism in the Treatment of the Diseases of the Uterus" in the last issue of the REPORTER, which, on the one hand, adds something positive to the literature of the subject, and, on the other, serves as an illustration of the views already expressed. Dr. Fisher is to be congratulated on much that is in his lecture. He has demonstrated something—that in certain cases the use of the galvanic current has controlled uterine hemorrhage, that in one case a fibroid became smaller after the use of the current for a year, and that in another a so-called vaginismus disappeared. He states, also, that he has obtained good results in ten cases not reported.

Dr. Fisher has demonstrated that galvanism will control uterine hemorrhage from certain cases of fibroid tumor and from abortion, after the failure of all medical means. No mention is made of the curette; and the question arises: would not these women have been cured with the curette in a few minutes, instead of in weeks or months by the use of electricity. And again, it is disappointing to those who have hoped much from the use of electricity, to find that in a large clinical service, like that at the Jefferson College, in a whole year's work but twenty women have been benefited. How many have been treated without benefit, the reader is left to conjecture. And, finally, we find that peritonitis has been induced by electricity in the hands of one so careful as Dr. Fisher.

The subject is certainly in an experimental state at the present time, and what is needed is careful reports of actual work, care being taken to make diagnoses as exact as possible. With full reports of good and bad results obtained by the workers in this field, the profession will be enabled to assign to electricity its true value as a therapeutic agent in the treatment of the diseases of women.

EXCISION OF THE VERMIFORM APPENDIX IN APPENDICITIS.

The inflammatory diseases in the region of the cæcum, described usually under the names typhlitis and perityphlitis, are of very great interest. Typhlitis is generally the result of fecal impaction, and it yields readily to medical treatment. The condition described as perityphlitis is probably in nearly all cases due to an inflammation or rupture of the vermiform appendix; appendicitis is, therefore, a better name for it. In it, also, medical treatment is in the majority of cases sufficient; but there are a number of cases in which an operation is the

course to pursue, and a still fewer number in which the only hope of saving life is to be found in a successful operation.

The *British Medical Journal*, February 21, 1891, gives a brief account of four cases of appendicitis in which Mr. J. B. Sutton operated and excised the appendix. The first patient was a man, twenty-two years old, with unmistakable appendicitis. Mr. Sutton exposed the cæcum by a lateral operation, and found the appendix lying adherent to the anterior aspect of the cæcum. The middle third of the appendix had sloughed, and an abscess, containing several ounces of pus, had formed as the result of it. The appendix was removed, the stump sutured and the peritoneal cavity flushed with warm water. The patient made an uninterrupted recovery.

The second case illustrates the difficulty attending the diagnosis of appendicitis. The patient had had three previous attacks, and came under Mr. Sutton's care as a case of renal colic; the disease was really relapsing appendicitis. On exposing the cæcum by a lateral incision, Mr. Sutton found the appendix slightly adherent to the brim of the pelvis; its lumen was obstructed, and below the constriction the appendix was filled with pus. The appendix was cut off, and the end was carefully sutured. The patient left the hospital convalescent on the fourteenth day.

The third case had also been regarded as one of renal colic, but Mr. Sutton came to the conclusion that the patient had a post-cæcal abscess, probably secondary to inflammation of a vertical retro-cæcal appendix. This clever diagnosis was verified at the operation; the appendix was lying vertically behind the cæcum, and its middle third had sloughed. The pus was washed away, the stump of the appendix sutured and a drainage-tube inserted. Convalescence was interrupted by an attack of pleurisy, which suggested that the trouble with the appendix was tubercular; no bacilli, however, could be found in cut sections of the appendix.

In the fourth case, the patient had been admitted with typical signs of typhlitis. Under medical treatment he seemed to improve, but in the course of three weeks the presence of pus was clearly indicated. At the operation, a large quantity of pus was evacuated from the iliac fossa; the tip of the appendix had sloughed.

The first, third and fourth of Mr. Sutton's cases are cases in which death would have resulted, in all probability, if an operation had not been performed. There is no dispute as to the propriety of operation in such cases. In the second case, one of relapsing appendicitis, there is still a wide difference of opinion as to whether or not an operation is the best method of treatment. Undoubtedly, in a number of cases, a patient gets entirely well after repeated attacks of appendicitis. If the recurrent attacks are not severe, if they appear to decrease in frequency and lessen in intensity, and if the patient is so situated that he can go to bed when they occur, without serious loss or inconvenience, it is probably best to employ medical and hygienic treatment alone. But if the attacks show no tendency to subside spontaneously, and at the same time are a cause of serious loss and disability to the patient, an operation may be advised. The operation should be performed in the interval between attacks.

Unquestionably lives are lost in cases of typhlitis and appendicitis because an operation is not done at the proper time and in the proper way. But, if Mr. Treves is right, the result would be worse if all cases were subjected to operation. Mr. Treves, who is a distinguished surgeon in this special field, says that, at the London Hospital, nearly all cases of typhlitis recover under ordinary medical treatment, and that only a few cases of appendicitis in young persons require operation. Probably no cases, he says, should be operated on before the fifth day, for cases of death on the third or even the fourth day are almost unknown. Contrary to the impressions one receives from reading the opin-

ions of many writers on this subject, Mr. Treves declares that the operation of removal of the appendix is often very difficult even during a quiescent period. He thinks that some day a portion of the ureter will be removed for an appendix.

Approval of medical treatment for most cases of typhlitis and appendicitis, coming from such a surgeon as Mr. Treves, means far more than it would if it came from any purely medical man; and yet Mr. Treves only gives expression to what is the common experience of most physicians. The chief difficulty which the latter encounter is to decide when medical treatment should end and surgical aid be invoked. The decision in a doubtful case requires close observation, large experience and ripe judgment. We think it would be wise for the physician to consult with a surgeon while the propriety of operating is still in doubt, and not to wait until it becomes clear to every one that an operation must be performed; for, in this as in most other cases, if an operation is required, the sooner it is done the better the chances of success.

HERPES VACCINIFORME OF INFANTS.

There occurs at and about the genital region in infants of three or four months an eruption, which, at first vesicular, soon ulcerates and presents the appearance of a mucous patch. The condition is a rare one, and derives its importance from its close resemblance to the secondary eruption of heredity syphilis, for which it is commonly mistaken. Fournier, who describes the affection in the *Bulletin Médical*, January 28, 1891, has seen only ten cases, and gives the condition the name of herpes vacciniforme by which it is, perhaps, best known. The eruption may appear coincidently in an infant born of syphilitic parents, but in other cases it is followed by no sequelæ. It occupies usually folds of the skin, where adjacent surfaces come in contact. In the first stage, the vesicle resembles that of vaccinia before the period of suppuration. The spots may be isolated or occur in groups or become confluent. In the second stage, umbilication and rupture take place, with subsequent ulceration. The resemblance is strong to a mucous patch. The affection is usually purely local. Occasionally, however, there is involvement of adjacent glands. Without treatment, the eruption may continue indefinitely. Under appropriate management, it may disappear in eight days. Relapses may occur, and the duration may be prolonged for from a month to six weeks. The process is thought to be the result of local infection from the bowel, in consequence of diarrhœa, which often coexists.

The treatment requires absolute local cleanliness, baths of simple water, of bran, or of starch, the application of lotions of boric acid or of diluted Labarraque's solution, a drying powder of bismuth, of oxide of zinc, of salol, or of iodoform, and a cotton dressing covered by some impermeable material.

UNIVERSITY OF MICHIGAN.

It is reported that the bill making an appropriation for the Ann Arbor University during 1891–2 was tabled in the Senate of Michigan, on April 2, to save it from defeat. It was opposed by the farmer members on the ground that "a horde of foreign pupils were being educated at the expense of the poorer taxpayers of the State."

It is to be hoped that this action will be but temporary, and that there will be no impairment of the usefulness of the medical department of the University of Michigan, which has done such excellent work in preparing men for the practice of medicine. The fact that its existence and success did not depend upon the fees of students has enabled it to take a high stand in regard to medical education, and to establish and adhere to a graded four years' course of study. We trust that, in their wisdom, the farmers of Michigan will come after awhile to see

that education is worth paying for, and that, within certain limits, the larger the class at their University, the better for it, and the better for each student; so that it is no disadvantage if some persons outside of the State come there to get an education without charge for tuition. It would be easy to show, from a purely economic standpoint, that it is a pecuniary advantage to Ann Arbor and the State of Michigan to get as many students there as possible, and even to make no charge for teaching them. Were this otherwise, it would still be a very good thing to have large classes at their University, for the good of the people of that and neighboring States.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

PLAIN TALKS ON MEDICAL ELECTRICITY AND BATTERIES. By HORATIO R. BIGELOW, Fellow of the American Electro-Therapeutic Association. Small 8vo, pp. 85. Philadelphia: P. Blakiston, Son & Co., 1891.

This little book contains a great deal of succinct information in regard to a subject about which most doctors have very hazy notions. The first part is occupied with definitions of terms like, "volt," "ohm," "ampère" and "potential," which must sometimes be troublesome to the general reader, when considering articles in which electricity is discussed. To know what they mean is not common, except with electrical experts; and so it is no reflection on the readers of the REPORTER to intimate they might get useful information in Dr. Bigelow's book. Besides this, the book contains very fully and well illustrated descriptions of a variety of electrical machines, and diagrams showing the points on the surface to which electricity is applied for various medicinal purposes, and a therapeutic index in which there is given in alphabetical order a list of diseases and conditions for which electricity is used, with the form of current and the mode of application.

MANUAL OF CLINICAL DIAGNOSIS. By DR. OTTO SEIFERT, Privat-docent in Würzburg, and DR. FRIEDRICH MÜLLER, Assistant der II. med. klinik in Berlin. Translated from the fifth German edition, enlarged and revised, with the permission of the authors, by WILLIAM BUCKINGHAM CANFIELD A. M., M. D. (Berlin), Lecturer on Clinical Medicine, and Chief of Chest Clinic, University of Maryland, etc. Second edition, revised and enlarged, with fifty illustrations and one colored plate. Small 8vo, pp. xi, 185. New York and London: G. P. Putnam's Sons, 1890. Price, $1.50.

This book treats, in successive chapters, of the blood, the temperature, the organs of respiration, the sputum, laryngoscopy and rhinoscopy, the circulatory system, the pulse, the digestive and abdominal organs, the urine-producing system, transudations and exudations, parasites, the nervous system, analysis of the pathological concrements, and metabolism and nutrition.

Those who expect to find in the book a treatise on medical or physical diagnosis, will be disappointed. Relatively little space, for example, is given to the examination of the heart and lungs, and, perhaps for this reason, some of the statements are unsatisfactory and others wrong. We object to the assertion that "very strong bronchophony is called pectoriloquy. In pectoriloquy there is not simply exaggerated reproduction of the voice sounds, but the individual words can also be distinguished. Again, in saying that heart murmurs are transmitted more easily in the direction of the blood-current, the authors give expression to a general and useful rule; but they are wrong when they say that the systolic murmur of mitral insufficiency "is heard most distinctly at the second costal cartilage of the left side." The systolic murmur of mitral insufficiency is heard best at the apex, or a little external to the apex, and it is transmitted to the axilla; in very exceptional cases it is most intense at the second left intercostal space.

The chapters on the blood, the digestive and abdominal organs, the urine-producing system, parasites and the nervous system are all very good. The book as a whole is an excellent one to put into the hands of a third or fourth year student who already knows ordinary medical diagnosis. It will also prove very valuable to a hospital interne who has a liking for clinico-pathological study; but it is too advanced to suit the requirements of the beginner.

TRANSACTIONS OF THE AMERICAN ORTHOPEDIC ASSOCIATION. Fourth Session, held at Philadelphia, Pa., September 16, 17 and 18, 1890. Volume iii, 8vo, pp. xxiii, 242. Philadelphia: Published by the Association, 1890.

This volume contains the papers read at the fourth annual meeting of the Association, at Philadelphia. It was one of the most successful meetings the Association has held. In addition to an admirable address by the President, Dr. De Forest Willard, there were twenty-three papers read. One of the most interesting features of the programme consisted in a series of papers on Lateral Curvature of the Spine, by Drs. Benjamin Lee, of Philadelphia; Charles L. Scudder, of Boston; Robert W. Lovett, of New York, and A. B. Judson, of New York. An extremely interesting and animated discussion followed the reading of the papers.

The Association is to be congratulated upon its thriving condition and upon this last volume of transactions, which bears such ample testimony to the progress orthopedic surgery is making in the United States.

INSOLUBLE CEMENT.—It is said that a cement which is hard enough to withstand even boiling sulphuric acid may be obtained by gently melting India rubber and adding 8 per cent. tallow while stirring. Sufficient slacked lime should be added to give to the compound the consistency of a soft paste. Twenty per cent. of vermilion is now added, which causes the mass to harden immediately.

NOTES AND COMMENTS.

Contagiousness of Gonorrhœa.

In discussing the contagiousness of chronic urethral discharges, in the *Journal of Cutaneous and Genito-Urinary Diseases*, March, 1891, Dr. George Emerson Brewer, of New York, says the practicing physician is frequently called upon to answer inquiries regarding the limit of the contagious stage of gonorrhœal urethritis. The question is a serious one, especially when considered in its relation to marriage, and should be regarded as equal in importance to that of syphilis.

It has not infrequently been Dr. Brewer's experience to be consulted by young men, a few weeks or months before a contemplated marriage, with a history of one or more attacks of gonorrhœa in former years, and who believed themselves to be well; yet who upon a careful examination presented the unmistakable signs of a chronic urethritis. The only evidence of disease remaining in these cases frequently was the presence in the urine of small thread-like bodies, to which the name of *Tripperfaden* has been given by the German surgeons, who first described them and demonstrated their importance. These minute shreds are composed of mucus, pus and epithelium; and represent the secretions which adhere to any granular patch or area of chronic inflammation remaining on the urethral mucous membrane.

In consulting the standard authors upon the subject of genito-urinary diseases, one is impressed by the marked difference of opinion, regarding the contagiousness of chronic urethral discharges, held by those whose reputation and experience entitle them to the foremost position in the discussion of this question. As early as 1785 Kühn called attention to the fact that the discharges resulting from a gonorrhœa remained contagious so long as they contained pus. The opposite opinion was held by Hunter, who denied the possibility of contagion from the gleety discharges of a chronic urethritis. This view was also shared by Bell and Ricord. In a paper entitled "Gonorrhœa a Non-specific Disease," published in the *New York Medical Independent* in 1864, A. K. Gardiner strenuously denies the contagious element in any, save the discharges from the most acute stage of the disease; and says regarding gleet that it is "allowably benign and innocous." Noeggerath, on the other hand, in a paper published in 1872, concludes that a man who has once been the subject of a gonorrhœal urethritis, never fully recovers, that the disease invariably lingers in the glands and ducts emptying into the canal, and may at any time furnish a secretion which may infect those with whom he has sexual relations. He also states that nine-tenths of all women married to men who have had gonorrhœa, sooner or later become the subject of incurable and painful inflammatory disease of the uterus, tubes or ovaries; that this infection may take place rapidly, and manifest itself as an acute affection, or by means of a slow and unrecognized process to which he gives the name of "latent gonorrhœa." In a subsequent paper, read before the American Gynecological Association in 1876, the author reiterates these opinions, and adds that 90 per cent. of all cases of sterility can be directly traced to gonorrhœa.

Without entering into any discussion regarding the correctness of these views, which have been the object of considerable criticism, the fact remains that these papers had the effect of calling attention to a source of female disease and suffering, the importance of which had not, until their publication, been adequately recognized. This difference of opinion upon so important a question is hardly to be wondered at, when we consider that at the time these views were enunciated, nothing definite was known regarding the etiology of this disease. Since the discovery by Neisser, in 1878, of the gonococcus, and the (Dr. Brewer thinks) establishment of its relationship to this disease, but one opinion can logically be held by those who accept his theory of gonorrhœal inflammations, and that is, that all secretions containing this micro-organism are capable of transmitting the disease under favorable conditions. In his recently published work upon this subject, Ernest Finger emphasizes this point and states regarding marriage, that it should be absolutely prohibited in all cases where the existence of a chronic urethritis is evidenced by the presence of the "morning drop" or *Tripperfaden* in the urine, until the following facts have been established:

1. That after from two to four weeks of daily observation, the secretions from the urethra are found to be *free from pus and made up wholly of epithelial cells.*

2. That no gonococci can be detected by

the microscope, even after a purulent discharge has been established by the employment of irritating injections of corrosive sublimate or nitrate of silver; and

3. That neither prostatis nor stricture exists.

Dr. Brewer says that upon first becoming acquainted with the views expressed by Finger, he regarded his conditions as unnecessarily severe, and his opinion of the danger as greatly exaggerated. But a somewhat remarkable case, which came under his observation, illustrated in a most striking manner the fact, that unless some of the precautions advised by Finger had been insisted upon, the responsibility of a dangerous illness would justly have rested upon his head. The case is reported by Dr. Brewer, and fully justifies the inferences he draws from it.

Pasteur and his Work.

The *American Practitioner and News*, February 14, 1891, says editorially: At a moment when Pasteur has been apparently promoted to a secure apotheosis, and new eligibles are being sought to share with him the superabundance of divine honors, it comes like a discord in a grand orchestra for men eminent themselves to stand out and boldly declare to the world that the renowned savant is wearing unearned laurels. But that is just what has been done by two eminent Paris physicians, one of them Dr. Lutaud, editor of a leading medical journal, the *Journal de Medicine de Paris*, and the other Prof. Peter, member of the Academy of Medicine. They not only charge Prof. Pasteur with exploiting procedures in themselves worthless, but with exploiting them for gain, and with interfering in political matters for the purpose of unfairly promoting his personal interests.

In a book of some four hundred and forty pages, a second edition of which has just been published by Dr. Lutaud, the whole history of the Pasteur discoveries has been gone over, as indeed they have been from time to time in the author's journal. In the first place, the originality of the discovery that repeated inoculation may confer immunity is denied to Pasteur.

In 1821 Magendie published in his *Journal of Physiology* a series of experiments proving that by successive inoculations hydrophobia limited itself after the third generation or repetition in different animals. These experiments with their results were republished in Paris in 1868, in a work entitled *What to do till the Doctor comes.*

In 1879 M. Galtier, professor in the Veterinary School of Lyons, wrote a communication to the Academy of Sciences announcing that he had discovered that rabies is transmissible to rabbits, and that they thereby become a convenient and harmless instrumentality for determining the virulence or non-virulence of various fluids derived from rabid animals.

In 1879, in April, Dr. Deboué, of Pau, communicated to the Academy of Sciences, through M. Bouley, a treatise on hydrophobia, in which he declared his conviction that the destination and seat of the rabic virus is the medulla.

Pasteur is a member of the Academy of Sciences to which these communications were made. So much for originality.

Passing over the charges in which Pasteur is made to take part in the working of political machinery to promote the election of Paul Bert over Davaine to membership in the Academy of Sciences, for the purpose of securing through M. Bert large government bounties, and to which there may be two sides, we come to the actual status of the several discoveries in the matter of inoculation.

It is shown that Pasteur had made a contract to sell for 1,000,000 francs the total rights of sale of the modified virus of charbon, which fell through because the syndicate could not raise the money, and because at the time confidence was being lost in it and the sales were diminishing; and this while it was stated by M. Paul Bert in the Chamber of Deputies that Pasteur had nobly refused, and declared that since he was receiving a pension from the State his works belonged to the State.

It is now a fact current that inoculation against charbon has gone out of date, the general impression being not only that it is not permanently of value, but that it is even dangerous and destructive. The outcome in chicken cholera and the rouget of pigs has been about the same.

The process invented by Pasteur to further the manufacture of beer of fine quality in France, and which was in its turn heralded as a great addition to the sources of wealth available for France, has been absolutely abandoned.

His labors with the silk-worm have not prevented the steady decline of silk culture in France, the official statistics showing that

from 17,000,000 to 18,000,000 of kilograms of cocoons were produced in 1865, when he gave out his discovery for the protection of the silk-worm. The amount has steadily declined to 3,000,000 or 4,000,000.

But what of the protective measures against hydrophobia, the crowning task of all the works of the great chemist? Dr. Lutaud shows beyond all cavil, by government statistics and hospital statistics that are accessible to all, that from 1850 to 1872 inclusive there was a total of 685 deaths from hydrophobia in France, or an annual average of 30. Seventeen died without treatment in France in 1886, and 22 with treatment. From November 1, 1886, to November 1, 1887, 27 died under treatment; 23 in the year ending November 1, 1889, and 21 in 1889—a reduction from the former average of about 5 per annum. In the year ending November 1, 1886, 1,538 persons were treated for bites by rabid dogs. Claiming with Le Blanc that 16 per cent. of all persons so bitten become hydrophobic, this would give for that single year 246 cases of hydrophobia that would have been but for Pasteur's treatment. But it happened that 16 of these cases died, so that there were 230 lives saved by the Pasteur treatment!

Dr. Lutaud shows further that the number of persons dying of hydrophobia has steadily gone down in all other countries besides France without treatment, and that in some of them it has become a thing unknown. Can we then think Dr. Lutaud too bold in declaring that Pasteur's system of inoculation actually tends to spread hydrophobia in France? This apprehension is further strengthened by the fact that many of these are cases of paralytic hydrophobia, which is the hydrophobia, as a rule, of inoculation.

It matters not how much the world may be dazed by the brilliant name of Pasteur or how much misled by blinded partisans, there is no escaping the principal conclusions of Dr. Lutaud in this matter. For to believe that, while in all other countries hydrophobia is decreasing, in France, beginning exactly with the discovery of a supposed preventive, there should happen in that country enough cases to allow nearly three hundred a year to be cured, and still leave a much larger number than the statistics of the country are entitled to when compared with those of other lands!

We would not rob Pasteur of a leaflet of his merited laurels. He is one of the great men of time, whatever critics closer to him may be led to feel when they see him wearing unmerited honors. He has made discoveries and given a stimulus to discovery that will resound onward through the years to come; but that is no reason why the whole world should fall down in worship of men like themselves and be made blind to the most glaring inconsistencies. And while we honor Pasteur, we honor Lutaud and Peter, who, in the glamour of hero worship, still have the discernment and the courage to speak what they regard as the truth.

New Operation for Lacerated Perineum.

Dr. Alexander Duke, Gynecologist to Steeven's Hospital, writes in the *Montreal Medical Journal*, March, 1891:

I wish to bring before the notice of my gynecological brethren an operation I have designed for the restoration of a lacerated perineum, easy of performance, and which will, when properly executed, form a good perineal floor, and I might almost say practically a new perineal body. The patient, having been prepared by the usual preliminary steps required for the old operation when under the influence of an anæsthetic, is placed in the lithotomy position, the left index finger being introduced almost its entire length into the rectum, a long, straight, double-edged bistoury is made to pierce the tissues *in front of the anus at right angles to the vulva*, and, guided by the finger in the rectum, is made to penetrate the septum for two and a half inches upwards, the incision being enlarged laterally to two inches as the knife is withdrawn. The patient is then turned on her side, and on the points of incision being pressed together, a lozenge-shaped opening will be seen, and when all sutures required have been introduced and are properly adjusted and approximated, the two cut surfaces are brought into direct apposition. The sutures are introduced by a strong cycle-shaped needle with eye near point, mounted on a handle, strong silver wire being the suture preferred. The needle is introduced at edge of incision, and, guided by a finger in the rectum, is made to travel under the cut surface to its full depth above, describing the arc of a circle; and on point of needle appearing *directly opposite*, it is threaded with suture and drawn through. On the ends of this suture being drawn together with the fingers, a good idea

can be formed of how many additional stitches may be required. When all considered necessary have been inserted, passed through leaden bars perforated at intervals, and approximated, a finger of each hand passed into the rectum and vagina will at once recognize the gain in thickness of septum, the external tissue being pushed fully an inch forward from anus, and forming a thick and solid perineal body. The incision being a deep one, on union taking place between the raw surfaces, a considerable amount of support must be afforded in cases where a pessary is required, or where there is much tendency to prolapse of uterus or vaginal walls. My experience of the operation though up to the present time limited, has satisfied me with the results, and there being *no loss of time whatever*, should the operation fail, it cannot add any difficulty to a subsequent one.

Even should the perineum be lacerated to verge of anus, what I describe can be done. I find that leaving the sutures for ten days is generally sufficient, but if I am in doubt as to the union being strong, I cut the wire, but leave it *in situ* for a day or two longer, thus affording some support, and relieving the strain on the edge of suture holes, and I also support the parts by long strips of adhesive plaster carried from hip to hip over new perineum. The wire should be stout and not too tightly twisted:

My friend, Dr. More Madden, has kindly given my operation a trial, and was much pleased with the results, especially in one of his cases where the old plan of operation had been tried previously but failed owing to the patient's poor state of health and a want of healing power.

The advantages of my plan of operation are briefly these:

1. The simplest of performance as yet proposed; no danger of hemorrhage, the surface, when dry, being brought together.

2. No danger of sepsis, as the incision is not open for the admission of any discharge from either vagina or rectum during healing process.

3. No loss of tissue, and consequently no harm done should the operation fail.

Calomel in Kidney Disease.

The general opinion that calomel is contraindicated in renal dropsy is founded on the assumption that the drug acts on the epithelium of the kidney. When, therefore, the epithelium is considerably affected or partly destroyed, as in so-called parenchymatous nephritis, the mercury, by acting on the already weakened and scanty epithelium, would, presumably, do little good and possibly much harm. Rosenheim's experiments seemed to prove the truth of this theory.

The *Medical Chronicle*, March, 1891, asserts that Fleiner, in an article on the diuretic action of calomel in renal dropsy, in the *Berliner Klinische Wochenschrift*, December 1, 1890, says that he has found that facts are somewhat opposed to the general belief. Two years ago Prof. Erb gave a lecture on calomel as a diuretic, and mentioned a case of chronic parenchymatous nephritis with general dropsy, in which, after all customary diuretics and diaphoretics had failed, the œdema rapidly gave way under the calomel treatment, and the patient finally left the hospital with scarcely any appearance of anasarca. Fifteen months later she appeared again, and stated that all the intermediate time she had been able to work, and had not had dropsy to any great extent. Her disease now presented the characteristics of secondary contracted kidney.

This case made its due impression on Fleiner, then a student under Erb, and the case he details here with extraordinary preciseness and length is, so to speak, a twin of Erb's. The case was one of Bright's disease, threatening death from advanced dropsy. All other remedies proving useless calomel was exhibited in large doses, and *on two occasions in a few days* caused a marvelous improvement, the second time the œdema completely vanishing. Here, as in Erb's case, the patient, after the second treatment with calomel, had, as proved by his urine and the *post-mortem* (he died suddenly two months after), a contracted kidney, chronic parenchymatous and interstitial nephritis.

Influence of Exercise on Digestion.

Dr. Streng, in a lecture before the Medical Society of Giessen, on the Influence of Exercise on Digestion, which has been published in the *Deutsche Medicinische Wochenschrift*, states that he concludes from his own experiments that this influence is of a retarding nature. His experiments, however, suffer from the fact that he always injected 300

cubic centimeters of water before obtaining the contents of the stomach, so that the proportion between gastric juice and water continually varied. The first experiments in the clinic at Giessen were made on two dogs. Twenty-five grams of meat, suspended in 300 cubic centimeters of warm water, were twice injected into the fasting stomach, and after one feeding the dogs were compelled to remain for three hours in absolute bodily rest, while after the other feeding they were made to take active exercise. After the three hours the contents of the stomach were obtained and analyzed. The quantity did not essentially differ in the two cases; the experiments consequently tended to prove that exercise does not influence the time required for digestion. The chemical analysis also detected no difference. The same results were obtained by substituting the white of an egg for the meat. The experiments were then repeated twenty-five times on three men with healthy stomachs. Two of these suffered from sycosis, and the third from insipient muscular atrophy. They were fed each time with 200 grams of minced meat, a bun, a plate of bouillon and three spoonfuls of mashed potatoes, and the contents of their stomachs were obtained four hours and a half afterwards. The exercise after meals consisted partly in gymnastics, partly in walking; absolute rest was obtained in bed. These experiments gave the same results as those on the dogs, the difference resulting from the chemical analysis being especially imperceptible. The author therefore concludes that the gastric function is in no way influenced either by muscular action or by absolute rest.—*Lancet*, March 7, 1891.

"New Philadelphia."

"The New Philadelphia" is the title of a deeply interesting article which will appear in the May *Cosmopolitan*, and is from the pen of Mr. Henry C. Walsh. To those who are not entirely familiar with the "city of brotherly love" of to-day, and who, taking the joke-maker at his word, entertain the erroneous idea that this large city is at best but a sleepy and unenterprising town, the *Cosmopolitan's* article will prove a veritable revelation. The great change that has been wrought during the past decade in the external appearance of Philadelphia is ably set forth, and greatly augmented by the splendid illustrations drawn by Mr. Harry Fenn. A glance at these masterly drawings shows that, in beauty of architecture, the solidity and modernness of construction and design in her homes, clubs and commercial buildings, Philadelphia stands at the very head of flourishing American cities. The business, social and intellectual advancement of this, perhaps the most habitable of cities, is no less marked that is its mere outward progression. Doubtless, too much attention has been paid to other more ostentatiously progressive cities, especially of the West, to the exclusion of the Quaker City and its marvelous growth. The article in the May *Cosmopolitan*, however, places Philadelphia before the public in its true light as one of the best governed, most enterprising and socially, commercially and politically, progressive cities of the United States.

Local Sweating of Reflex Origin.

The *New York Medical Journal*, March 28, 1891, quotes from the *Journal de médicine et de chirurgie* for October, 1890, the following curious observation by Ducorneau: A young woman of good constitution had been confined two months previously. She had noticed for about two weeks that whenever she put her baby to the breast there broke out suddenly a profuse sweating of the thigh and leg of the side corresponding to the breast nursed. The sweating extended posteriorly from the nates to the foot, and lasted through the whole time of the nursing. The same phenomena was observed when the other breast was given. On changing the baby from one breast to the other, the sweating began and ceased always at the same moment with the flow of milk from the side in question. The mother had been considerably reduced by the sweating. Tonics were given and the breasts were rubbed with belladonna ointment. After a few days of this treatment the sweating diminished and finally ceased entirely. Ducorneau attributes the sweating to reflex action, though the *modus operandi* is difficult to explain.

Powder for Migraine.

℞ Citrate of caffeine . . . . . gr. 1½
Phenacetin . . . . . gr. 2
Sugar of milk . . . . . ℈i
To be taken every two hours until relieved.